ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Shan
2. Surname (Last Name)  Lyu
3. Date  10-May-2020
4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title
The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. Manuscript Identifying Number (if you know it)
ATM-20-1313

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  ☐ Yes  ✔ No

Are there any relevant conflicts of interest?  ☐ Yes  ✔ No

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Dr. Lyu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jie
2. Surname (Last Name)  Li
3. Date  01-May-2020
4. Are you the corresponding author?  ✔ No

Corresponding Author’s Name  Zhancheng Gao, Zongan Liang

5. Manuscript Title
The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. Manuscript Identifying Number (if you know it)
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<tr>
<td>Limin</td>
<td>Yang</td>
<td>05-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - No

5. Manuscript Title  
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### Intellectual Property -- Patents & Copyrights

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Dr. Yang has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Xiaoliang  

2. Surname (Last Name)  
   Du  

3. Date  
   10-May-2020  

4. Are you the corresponding author?  
   ☑ No  

5. Manuscript Title  
   The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence  

6. Manuscript Identifying Number (if you know it)  
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## Intellectual Property -- Patents & Copyrights

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Dr. Du has nothing to disclose.

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<tr>
<td>2. Surname (Last Name)</td>
<td>Liu</td>
</tr>
<tr>
<td>3. Date</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  

5. Manuscript Title  
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Dr. Liu has nothing to disclose.

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- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Libo

2. Surname (Last Name)  
   Chuan

3. Date  
   05-May-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Zhancheng Gao, Zongan Liang

5. Manuscript Title  
   The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. Manuscript Identifying Number (if you know it)  
   ATM-20-1313

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes ☐  No ☑
Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chuan has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Guoqiang |
| 2. Surname (Last Name) | Jing |
| 3. Date | 08-May-2020 |
| 4. Are you the corresponding author? | No |

**Corresponding Author's Name**
Zhancheng Gao, Zongan Liang

**Manuscript Title**
The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

**Manuscript Identifying Number (if you know it)**
ATM-20-1313

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? No
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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**Section 6. Disclosure Statement**

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Dr. Jing has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Zhenyan
2. Surname (Last Name)  Wang
3. Date  10-May-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author's Name
Zhancheng Gao, Zongan Liang

5. Manuscript Title
The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. Manuscript Identifying Number (if you know it)
ATM-20-1313

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Dr. Wang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Weiwei

2. Surname (Last Name)  
   Shu

3. Date  
   07-May-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. Manuscript Identifying Number (if you know it)  
   ATM-20-1313

**Section 2. The Work Under Consideration for Publication**

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   ✔ No

**Section 4. Intellectual Property -- Patents & Copyrights**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chunjuan
2. Surname (Last Name) Ye
3. Date 10-May-2020
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Zhancheng Gao, Zongan Liang

5. Manuscript Title
The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. Manuscript Identifying Number (if you know it)
ATM-20-1313

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## Identifying Information

1. **Given Name (First Name)**  
   Qionglan

2. **Surname (Last Name)**  
   Dong

3. **Date**  
   04-May-2020

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   - ☑ No

5. **Manuscript Title**  
   The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. **Manuscript Identifying Number (if you know it)**  
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## The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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- No  
- ☑ No

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Are there any relevant conflicts of interest?  
- Yes  
- No  
- ☑ No

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- Yes  
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Dr. Dong has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jun

2. **Surname (Last Name)**
   - Duan

3. **Date**
   - 10-May-2020

4. Are you the corresponding author?  
   - Yes   ✔  No

5. **Manuscript Title**
   - The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-1313

---

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   - Yes   ✔  No

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## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   - Yes   ✔  No

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes   ✔  No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name) James
2. Surname (Last Name) Fink
3. Date 29-April-2020
4. Are you the corresponding author? ☑ No

Corresponding Author's Name Zhancheng Gao, Zongan Liang

5. Manuscript Title The utilization of aerosol therapy in mechanical ventilation patients: a prospective multicenter observational cohort study and the review on the current evidence
6. Manuscript Identifying Number (if you know it) ATM-20-1313

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? ☑ No

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<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerogen Pharma Corp</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Employer</td>
</tr>
</tbody>
</table>

If yes, please fill out the appropriate information below.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Dr. Fink is Chief Scientific Officer for Aerogen Pharma Corp.

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1. Given Name (First Name)  
Zhancheng

2. Surname (Last Name)  
Gao

3. Date  
10-May-2020

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☑ Yes  ☐ No

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   Zongan

2. Surname (Last Name)  
   Liang

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   No

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